

EXHIBIT 7

Form 1.06/1

FLORIDA TRANSFORMER, INC.

INDUCTION PROCEDURE
NEW ASSOCIATEName Neal Thompson Date _____Dept. Transportation Date Employed 08/30/2004

SUPERVISOR CHECK LIST:

II. First Day

- ☐ Introduce yourself – Give your name, position and get his/her name (actual) and name he/she wishes to be called by:

NEAL THOMPSON
Name

- ☒ Extend a cordial welcome to Company & Department
- ☒ Show where to hang extra clothing – discuss clothes to wear for safety and comfort.
- ☒ Show location of vending machines. Explain news center / bulletin board usage.
- ☒ Show restrooms – (Use properly, keep clean, no smoking or eating).
- ☒ Explain smoking restrictions.
- ☒ Explain hours and days of work – Stress importance of working regularly.
- ☐ Review how to report necessary and unexpected absences.

Phone (352) 681-3945 - Mr./Mrs. Cherette Thompson

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